

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number		Filing Date				
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							10628886						
							Applicant(s) John Chute						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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9	1												
10	1												
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50													
Total Indep	2		0		0								
Total Depend	6		0		0								
Total Claims	8		0		0								

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